



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

ACNE AGENTS: Topical, Retinoid Agents and Combinations.....	3
ACNE AGENTS: Topical, Benzoyl Peroxide, Antibiotics and Combination Products.....	3
ALZHEIMER'S AGENTS	3
ANALGESICS: Long Acting Narcotics	3
ANALGESICS/ANESTHETICS: Topical.....	3
ANALGESICS: Tramadol and Related Drugs.....	3
ANAPHYLAXIS: Self-Injectable Epinephrine	4
ANDROGENIC AGENTS: Topical.....	4
ANTIBIOTICS: Cephalosporins 2nd Generation	4
ANTIBIOTICS: Cephalosporins 3rd Generation	4
ANTIBIOTICS: Macrolides	4
ANTIBIOTICS: Quinolones 2nd Generation	4
ANTIBIOTICS: Quinolones 3rd Generation	4
ANTICOAGULANTS: Injectable.....	4
ANTICOAGULANTS: Oral.....	4
ANTIDEPRESSANTS: Other.....	4
ANTIDEPRESSANTS: SSRIs.....	5
ANTIEMETICS: Oral, 5-HT3s.....	5
ANTIFUNGALS: Onychomycosis Agents	5
ANTIHISTAMINES: 2nd Generation	5
ANTIHYPERURICEMICS: Xanthine Oxidase Inhibitors for Gout	5
ANTI-MIGRAINE AGENTS: Triptans.....	5
ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists	5
ANTIPSYCHOTICS: Oral, Atypical	5
ANTIVIRAL AGENTS: Influenza.....	5
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: Alpha-blockers.....	6
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-alpha-reductase Inhibitors.....	6
BONE OSSIFICATION AGENTS: Bisphosphonates	6
CARDIOVASCULAR: ACE Inhibitors and Diuretic Combinations	6
CARDIOVASCULAR: Angiotensin II Receptor Blockers and Diuretic Combinations	6
CARDIOVASCULAR: Antihyperlipidemics, Bile Acid Sequestrants	6
CARDIOVASCULAR: Antihyperlipidemics, Cholesterol Absorption Inhibitors	6
CARDIOVASCULAR: Antihyperlipidemics, Niacin Agents.....	6
CARDIOVASCULAR: Antihyperlipidemics, Statins and Statin Combinations	7
CARDIOVASCULAR: Antihyperlipidemics, Triglyceride Lowering Agents	7
CARDIOVASCULAR: Beta blockers	7
CARDIOVASCULAR: Calcium Channel Blockers and Combinations	7
CARDIOVASCULAR: Direct Renin Inhibitors and Combinations.....	7
CENTRAL NERVOUS SYSTEM: ADHD/Stimulants	8
CENTRAL NERVOUS SYSTEM: Anticonvulsants, Barbiturates	8
CENTRAL NERVOUS SYSTEM: Anticonvulsants, Benzodiazepines	8
CENTRAL NERVOUS SYSTEM: Oral Anticonvulsants, Hydantoin.....	8
CENTRAL NERVOUS SYSTEM: Oral Anticonvulsants, Misc.....	9
CENTRAL NERVOUS SYSTEM: Sedative Hypnotics.....	9
DIABETIC AGENTS: Biguanides	9
DIABETIC AGENTS: Insulin Products	9
DIABETIC AGENTS: DPP-4 Inhibitors and Combinations	10
DIABETIC AGENTS: Incretin Mimetics	10
DIABETIC AGENTS: Meglitinides and Combinations.....	10



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

DIABETIC AGENTS: Other Agents	10
DIABETIC AGENTS: SGLT-2 Inhibitors	10
DIABETIC AGENTS: Sulfonylureas	10
DIABETIC AGENTS: Thiazolidinediones	10
ELECTROLYTE DEPLETERS	10
ERYTHROPOIESIS STIMULATING PROTEINS.....	11
FIBROMYALGIA AGENTS.....	11
GASTROINTESTINAL AGENTS: H2RAs	11
GASTROINTESTINAL AGENTS: Pancreatic Enzymes.....	11
GASTROINTESTINAL AGENTS: PPIs	11
GASTROINTESTINAL AGENTS: Ulcerative Colitis	11
GROWTH HORMONE AGENTS.....	11
HEPATITIS C AGENTS - Antivirals: Hepatitis C Pegylated Interferons	11
HEPATITIS C AGENTS - Antivirals: Hepatitis C Polymerase Inhibitors.....	11
HEPATITIS C AGENTS - Antivirals: Hepatitis C Protease Inhibitors	12
HEPATITIS C AGENTS - Antivirals: Hepatitis C Ribavirins	12
HERPETIC ANTIVIRAL AGENTS	12
HERPETIC ANTIVIRAL AGENTS: Topical	12
IMMUNOMODULATORS: Injectable.....	12
IMMUNOMODULATORS: Topical	12
IMPETIGO AGENTS: Topical	12
LEUKOTRIENE MODIFIERS	12
MULTIPLE SCLEROSIS AGENTS: Injectable Disease Modifying	12
MULTIPLE SCLEROSIS AGENTS: Oral Disease Modifying	12
MULTIPLE SCLEROSIS AGENTS: Specific Symptomatic Treatment	12
NASAL CALCITONINS	13
NEUROPATHIC PAIN AGENTS	13
OPHTHALMIC ANTIBIOTICS: Macrolides	13
OPHTHALMIC ANTIHISTAMINES.....	13
OPHTHALMIC GLAUCOMA AGENTS	13
OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS	13
OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS.....	13
OPHTHALMIC QUINOLONES.....	13
OPHTHALMIC STEROIDS.....	13
OTIC FLUOROQUINOLONES	13
PEDICULOCIDES / SCABICIDES.....	14
PLATELET AGGREGATION INHIBITORS	14
PROGESTINS FOR CACHEXIA	14
PSORIASIS AGENTS: Topical	14
PULMONARY ARTERIAL HYPERTENSION AGENTS: Inhaled Agents	14
PULMONARY ARTERIAL HYPERTENSION: Oral Agents	14
RESPIRATORY: Inhaled Anticholinergic Agents	14
RESPIRATORY: Inhaled Corticosteroid/Beta- Adrenergic Combinations.....	14
RESPIRATORY: Inhaled Corticosteroids/Nebs	14
RESPIRATORY: Intranasal Rhinitis Agents.....	14
RESPIRATORY: Intranasal Steroid	15
RESPIRATORY: Long Acting Beta Adrenergics	15
RESPIRATORY: ORAL COPD AGENTS.....	15
RESPIRATORY: Short Acting Beta Adrenergics-Inhalers/Nebs.....	15
RESTLESS LEG SYNDROME AGENTS.....	15
SKELETAL MUSCLE RELAXANTS	15
URINARY TRACT ANTISPASMODICS	15



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS		
ACNE AGENTS: TOPICAL, RETINOID AGENTS AND COMBINATIONS			
RETIN-A MICRO®(Pump and Tube) TAZORAC® ZIANA®	<i>Payable only for recipients up to age 21.</i> ADAPALENE GEL AND CREAM ATRALIN® AVITA® DIFFERIN®		
ACNE AGENTS: TOPICAL, BENZOYL PEROXIDE, ANTIBIOTICS AND COMBINATION PRODUCTS			
AZELEX® 20% cream BENZACLIN® BENZOYL PEROXIDE (2.5, 5 and 10% only) CLINDAMYCIN ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM SULFACETAMIDE	<i>Payable only for recipients up to age 21.</i> ACANYA® DUAC CS® ERYTHROMYCIN CLINDAMYCIN/BENZOYL PEROXIDE GEL SODIUM SULFACETAMIDE/SULFUR		
ALZHEIMER'S AGENTS			
DONEPEZIL DONEPEZIL ODT EXELON® PATCH EXELON® SOLN	NAMENDA® TABS NAMENDA® XR TABS RIVASTIGMINE CAPS	ARICEPT® 23mg ARICEPT® GALANTAMINE	GALANTAMINE ER RAZADYNE® RAZADYNE® ER
ANALGESICS: LONG ACTING NARCOTICS			
FENTANYL PATCH (PA required) MORPHINE SULFATE SA TABS (ALL GENERIC EXTENDED RELEASE) NEW	AVINZA® BUTTRANS® DOLOPHINE® DURAGESIC® PATCHES (PA required) EMBEDA® EXALGO® KADIAN® METHADONE METHADOSE®	MS CONTIN® NUCYNTA® ER OPANA ER® OXCODONE SR OXYCONTIN® OXYMORPHONE SR XARTEMIS XR® NEW ZOHYDRO ER® NEW	
ANALGESICS/ANESTHETICS: TOPICAL			
LIDOCAINE LIDOCAINE HC	LIDOCAINE VISCOSUS VOLTAREN® GEL	EMLA® FLECTOR® LIDODERM®	LIDAMANTLE® PENNSAID®
ANALGESICS: TRAMADOL AND RELATED DRUGS			
TRAMADOL TRAMADOL/APAP	CONZIPR® NUCYNTA® RYZOLT® RYBIX® ODT	TRAMADOL ER ULTRACET® ULTRAM® ULTRAM® ER	



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANAPHYLAXIS: SELF-INJECTABLE EPINEPHRINE AUVI-Q® EPINEPHRINE®	ADRENAClick® QL
ANDROGENIC AGENTS: TOPICAL ANDROGEL® ANDRODERM®	AXIRON® FORTESTA® TESTIM®
ANTIBIOTICS: CEPHALOSPORINS 2ND GENERATION CEFACLOR CAPS and SUSP CEFACLOR ER	CEFTIN® CECLR CD® CECLR® CEFZIL®
ANTIBIOTICS: CEPHALOSPORINS 3RD GENERATION CEFDINIR CAPS and SUSP CEFPODOXIME TABS and SUSP	CEDAX® CAPS and SUSP CEFDITOREN OMNICEF® SPECTRACEF® SUPRAX® NEW VANTIN®
ANTIBIOTICS: MACROLIDES AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE	BIAXIN® DIFICID® ZITHROMAX® ZMAX®
ANTIBIOTICS: QUINOLONES 2ND GENERATION CIPROFLOXACIN TABS CIPRO® SUSP	FLOXIN® OFLOXACIN
ANTIBIOTICS: QUINOLONES 3RD GENERATION AVELOX® AVELOX ABC PACK®	LEVAQUIN®
ANTICOAGULANTS: INJECTABLE ARIXTRA® ENOXAPARIN NEW	FONDAPARINUX INNOHEP®
ANTICOAGULANTS: ORAL COUMADIN® ELIQUIS® JANTOVEN®	LOVENOX® NEW
ANTIDEPRESSANTS: OTHER BUPROPION BUPROPION SR BUPROPION XL CYMBALTA®(PA not required for ICD-9 code 729.1 or 250.6) MIRTAZAPINE	APLENZIN® NEW BRINTELLIX® DULOXETINE DESVENLAFAKINE FUMARATE NEW EFFEXOR® (ALL FORMS) NEW FETZIMA® FORFIVO XL® NEW KHEDEZLA® NEW VIIBRYD® WELLBUTRIN® NEW

Prior Authorization is required for non-preferred agents.

Not all non-preferred products may be listed. New products within established class will default to non-preferred.

<http://medicaid.nv.gov/providers/rx/PDL.aspx>



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIDEPRESSANTS: SSRIs	
CITALOPRAM ESCITALOPRAM NEW FLUOXETINE	PAROXETINE PEXEVA® SERTRALINE
	CELEXA® FLUVOXAMINE QL LEXAPRO® LUVOX®
ANTIEMETICS: ORAL, 5-HT3s	
GRANISETRON ONDANSETRON	
	ANZEMET® KYTRIL® SANCUSO®
ANTIFUNGALS: ONYCHOMYCOSIS AGENTS	
	<i>Prior authorization is required for all drugs in this class.</i>
CICLOPIROX SOLN	TERBINAFINE TABS
ANTIHISTAMINES: 2ND GENERATION	
	<i>A two week trial of one of these drugs is required before a non- preferred drug will be authorized.</i>
CETIRIZINE D OTC CETIRIZINE OTC	LORATADINE D OTC LORATADINE OTC
	ALLEGRA® CLARITIN® CLARINEX® DESLORATADINE
ANTIHYPERURICEMICS: XANTHINE OXIDASE INHIBITORS FOR GOUT	
ALLOPURINOL	
ANTI-MIGRAINE AGENTS: TRIPTANS	
RELPAX® SUMATRIPTAN NASAL SPRAY SUMATRIPTAN INJECTION SUMATRIPTAN TABLET ZOMIG® ZMT	
	AMERGE® AXERT® FROVA® IMITREX® MAXALT® TABS
	MAXALT® MLT NARatriptan SUMAvel® TREXIMET® ZOMIG®
ANTIPARKINSON'S AGENTS: Non-ERGOT DOPAMINE AGONISTS	
PRAMIPEXOLE ROPINIROLE	ROPINIROLE ER
	MIRAPEX® MIRAPEX® ER NEUPRO®
	REQUIP® REQUIP XL®
ANTIPSYCHOTICS: ORAL, ATYPICAL	
ABILIFY® CLOZAPINE FANAPT® LATUDA® OLANZAPINE	QUETIAPINE RISPERIDONE SAPHRISS® SEROQUEL XR® ZIPRASIDONE
	CLOZARIL® FAZACLO® GEODON® INVEGA®
	RISPERDAL® SEROQUEL® ZYPREXA®
ANTIVIRAL AGENTS: INFLUENZA	
AMANTADINE TAMIFLU®	RIMANTADINE RELENZA®



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: ALPHA-BLOCKERS	
DOXAZOSIN	ALFUZOSIN
TAMSULOSIN	CARDURA®
TERAZOSIN	FLOMAX®
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-ALPHA-REDUCTASE INHIBITORS	
AVODART®	JALYN® NEW
FINASTERIDE	PROSCAR®
BONE OSSIFICATION AGENTS: BISPHOSPHONATES	
ALENDRONATE TABS	ACTONEL®
FOSAMAX PLUS D®	ALENDRONATE SOLUTION NEW
	ATELVIA®
	BINOSTO® NEW
	BONIVA®
CARDIOVASCULAR: ACE INHIBITORS AND DIURETIC COMBINATIONS	
BENAZEPRIL	ENALAPRIL HCTZ
BENAZEPRIL HCTZ	EPANED® £
CAPTOPRIL	LISINOPRIL
CAPTOPRIL HCTZ	LISINOPRIL HCTZ
ENALAPRIL	RAMIPRIL
£ PREFERRED FOR AGES 10 AND UNDER	ACCURETIC®
	EPANED® ‡
	FOSINOPRIL
	MAVIK®
	MOEXIPRIL
	‡ NONPREFERRED FOR OVER 10 YEARS OLD
CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR BLOCKERS AND DIURETIC COMBINATIONS	
DIOVAN®	LOSARTAN
DIOVAN HCTZ®	LOSARTAN HCTZ
	ATACAND®
	AVAPRO®
	BENICAR®
	EDARBI®
	EDARBYCLOR®
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, BILE ACID SEQUESTRANTS	
COLESTIPOL	WELCHOL®
CHOLESTYRAMINE	QUESTRAN®
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, CHOLESTEROL ABSORPTION INHIBITORS	
ZETIA®	
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, NIACIN AGENTS	
NIASPIN® (Brand only)	NIACOR®
NIACIN ER (ALL GENERICS) NEW	



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, STATINS AND STATIN COMBINATIONS	
ATORVASTATIN	LOVASTATIN
CRESTOR®	PRAVASTATIN
FLUVASTATIN	SIMVASTATIN
	ADVICOR®
	ALTOPREV®
	AMLODIPINE/ATORVASTATIN
	CADUET®
	LESCOL®
	LESCOL XL®
	LIPITOR®
	LIPTRUZET®
	LIVALO®
	MEVACOR®
	PRAVACHOL®
	SIMCOR®
	VYTORIN®
	ZOCOR®
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, TRIGLYCERIDE LOWERING AGENTS	
FENOFIBRATE NEW	ANTARA® NEW
FENOFIBRIC ACID NEW	FENOGLIDE® NEW
GEMFIBROZIL	FIBRICOR® NEW
LIPOFEN® NEW	LOFIBRA® NEW
CARDIOVASCULAR: BETA BLOCKERS	
ACEBUTOLOL	LABETALOL
ATENOLOL	METOPROLOL (Regular Release)
ATENOLOL/CHLORTH	NADOLOL
BETAXOLOL	PINDOLOL
BISOPROLOL	PROPRANOLOL
BISOPROLOL/HCTZ	PROPRANOLOL/HCTZ
BYSTOLIC®*	SOTALOL
CARVEDILOL	TIMOLOL
*Restricted to ICD-9 codes 490-496	
CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS AND COMBINATIONS	
AFEDITAB CR®	ISRADIPINE
AMLODIPINE	LOTREL®
CARTIA XT®	NICARDIPINE
DILTIA XT®	NIFEDIAC CC
DILTIAZEM ER	NIFEDICAL XL
DILTIAZEM HCL	NIFEDIPINE ER
DYNACIRC CR®	NISOLDIPINE ER
EXFORGE®	TAZTIA XT®
EXFORGE HCT®	VERAPAMIL
FELODIPINE ER	VERAPAMIL ER
CARDIOVASCULAR: DIRECT RENIN INHIBITORS AND COMBINATIONS	
TEKAMLO®	TEKTURNA HCT®
TEKTURNA®	VALTURNNA®
	AMTURNIDE®



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS		NON-PREFERRED AGENTS	
CENTRAL NERVOUS SYSTEM: ADHD/STIMULANTS			
AMPHETAMINE SALT	METHYLIN®	ADDERALL®	MODAFINIL
COMBO XR NEW		ADDERALL XR® NEW	NUVIGIL®
AMPHETAMINE SALT COMBO	METHYLIN ER®	CONCERTA®	METADATE ER®
DEXMETHYLPHENIDATE	METHYLPHENIDATE	DAYTRANA®	PROVIGIL®*
DEXTROAMPHETAMINE SA	METHYLPHENIDATE ER (All forms generic extended release NEW)	DESOXYN®	PROCENTRA®
DEXTROAMPHETAMINE TAB	METHYLPHENIDATE SOL	DEXEDRINE®	RITALIN®
DEXTROSTAT®	QUILLIVANT® XR SUSP	FOCALIN®	
FOCALIN XR®	RITALIN LA®	KAPVAY®	
INTUNIV®	STRATTERA®	* (No PA required for ICD-9 codes 347.00, 347.01, 347.10, 347.11, 780.53 and 780.57)	
METADATE CD® NEW	VYVANSE®		
CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS, BARBITURATES			
LUMINAL®	PHENOBARBITAL		
MEBARAL®	mysoline®		
MEPHOBARBITAL	PRIMIDONE		
SOLFOTON®			
CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS, BENZODIAZEPINES			
CLONAZEPAM	DIAZEPAM rectal soln	ONFI®	
CLORAZEPATE	KLONOPIN®		
DIASTAT®	TRANXENE T-TAB®		
DIAZEPAM	VALIUM®		
CENTRAL NERVOUS SYSTEM: ORAL ANTICONVULSANTS, HYDANTOINS			
CEREBYX®	PEGANONE®		
DILANTIN®	PHENYTEK®		
ETHOTOIN	PHENYTOIN PRODUCTS		
FOSPHENYTOIN			



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS		NON-PREFERRED AGENTS	
CENTRAL NERVOUS SYSTEM: ORAL ANTICONVULSANTS, MISC.			
BANZEL®	LAMICTAL®	APTIOM®	
CARBAMAZEPINE	LAMOTRIGINE	FYCOMPA®	
CARBAMAZEPINE XR	LEVETIRACETAM	OXTELLAR XR®	
CARBATROL ER®	LYRICA®	POTIGA®	
CELONTIN®	NEURONTIN®	QUDEXY XR® NEW	
DEPAKENE®	OXCARBAZEPINE	TROKENDI XR® NEW	
DEPAKOTE ER®	SABRIL®		
DEPAKOTE®	STAVZOR® DR		
DIVALPROEX SODIUM	TEGRETOL®		
DIVALPROEX SODIUM ER	TEGRETOL XR®		
EPITOL®	TOPAMAX®		
ETHOSUXIMIDE	TOPIRAGEN®		
FELBATOL®	TOPIRAMATE (IR AND ER) NEW		
GABAPENTIN	TRILEPTAL®		
GABITRIL®	VALPROATE ACID		
KEPPRA®	VIMPAT®		
KEPPRA XR®	ZARONTIN®		
LAMICTAL ODT®	ZONEGRAN®		
LAMICTAL XR®	ZONISAMIDE		
CENTRAL NERVOUS SYSTEM: SEDATIVE HYPNOTICS			
ESTAZOLAM	TEMAZEPAM	AMBIEN®	SILENOR®
FLURAZEPAM	TRIAZOLAM	AMBIEN CR®	SOMNOTE®
ROZEREM® *	ZOLPIDEM	DORAL®	SONATA®
*(PA not required for ICD-9 code 307.42)		EDLUAR®	ZALEPLON
		INTERMEZZO®	ZOLPIDEM CR
		LUNESTA®	ZOLPIMIST®
DIABETIC AGENTS: BIGUANIDES			
FORTAMET®	GLUMETZA®		
GLUCOPHAGE®	METFORMIN		
GLUCOPHAGE XR®	RIOMET®		
METFORMIN EXT-REL			
DIABETIC AGENTS: INSULIN PRODUCTS			
All types, mixes and pens containing these insulins are preferred.			
APIDRA®	LEVEMIR®		
HUMALOG®	NOVOLIN®		
HUMULIN®	NOVOLOG®		
LANTUS®			



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
DIABETIC AGENTS: DPP-4 INHIBITORS AND COMBINATIONS	
JANUMET®	JUVISYNC®
JANUMET XR®	KOMBIGLYZE XR®
JANUVIA®	ONGLYZA®
JENTADUETO® NEW	TRADJENTA® NEW
DIABETIC AGENTS: INCRETIN MIMETICS	
BYDUREON®	VICTOZA®
BYETTA®	TANZEUM® NEW
DIABETIC AGENTS: MEGLITINIDES AND COMBINATIONS	
NATEGLINIDE (Starlix®)	PRANDIN®
PRANDIMET®	STARLIX®
DIABETIC AGENTS: OTHER AGENTS	
ACARBOSE (Precose®)	PRECOSE®
GLYSET®	SYMLIN® (PA required)
DIABETIC AGENTS: SGLT-2 INHIBITORS	
FARXIGA® NEW	INVOKANA®
DIABETIC AGENTS: SULFONYLUREAS	
AMARYL®	
CHLORPROPAMIDE	GLUCOTROL XL®
DIABETA®	GLYBURIDE
GLIMEPIRIDE	GLYNASE®
GLIPIZIDE	METAGLIP®
GLUCOTROL®	TOLAZAMIDE
GLUCOVANCE®	TOLBUTAMIDE
GLIPIZIDE EXT-REL	
GLIPIZIDE/METFORMIN	
GLYBURIDE MICRONIZED	
GLYBURIDE/METFORMIN	
DIABETIC AGENTS: THIAZOLIDINEDIONES	
ACTOPLUS MET XR®	AVANDARYL®
ACTOS®	AVANDIA®
ACTOPLUS MET®	DUETACT®
AVANDAMET®	
ELECTROLYTE DEPLETERS	
CALCIUM ACETATE	RENAGEL®
ELIPHOS®	RENVELA®
FOSRENOL® NEW	PHOSLO® NEW PHOSLYRA® NEW SEVELAMER CARBONATE NEW
VELPHORO® NEW	



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS		NON-PREFERRED AGENTS	
ERYTHROPOIESIS STIMULATING PROTEINS			
ARANESP®	PROCITR®	EPOGEN®	OMONTYS®
FIBROMYALGIA AGENTS			
CYMBALTA®	SAVELLA®	<i>No PA required for drugs in this class if ICD-9 code=729.1.</i>	
LYRICA®			
GASTROINTESTINAL AGENTS: H2RAs			
FAMOTIDINE	RANITIDINE SYRUP (PA not required for < 12 years)		
RANITIDINE			
GASTROINTESTINAL AGENTS: PANCREATIC ENZYMES			
CREON®	PANCREAZE®	ULTRESA®	
ZENPEP®	PANCRELIPASE	VIOKACE®	
	PERTZYE®		
GASTROINTESTINAL AGENTS: PPIS			
<i>Prior authorization is required for all drugs in this class.</i>			
NEXIUM® CAPSULES	PANTOPRAZOLE	ACIPHLEX®	PREVACID®
NEXIUM® POWDER FOR SUSP*		DEXILANT®	PRILOSEC®
*for children ≤ 12 yrs.		LANSOPRAZOLE	PRILOSEC® OTC TABS
		OMEPRAZOLE OTC TABS	PROTONIX®
GASTROINTESTINAL AGENTS: ULCERATIVE COLITIS			
ASACOL®SUPP	PENTASA®	APRISO®	
CANASA®	SULFASALAZINE DR	ASACOL HD®	
DELZICOL®	SULFASALAZINE IR	LIALDA ®	
MESALAMINE ENEMA SUSP			
GROWTH HORMONE AGENTS			
<i>Prior authorization is required for all drugs in this class.</i>			
GENOTROPIN®	NORDITROPIN®	HUMATROPE®	SEROSTIM®
		NUTROPIN AQ®	SOMAVERT®
		OMNITROPE®	TEV-TROPIN®
		NUTROPIN®	ZORBTIVE®
		SAIZEN®	
HEPATITIS C AGENTS - ANTIVIRALS: HEPATITIS C PEGYLATED INTERFERONS			
PEGASYS®			
PEGASYS® CONVENIENT PACK			
PEGINTRON® Vials and			
REDIPEN			
HEPATITIS C AGENTS - ANTIVIRALS: HEPATITIS C POLYMERASE INHIBITORS			
SOVALDI®			



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
HEPATITIS C AGENTS - ANTIVIRALS: HEPATITIS C PROTEASE INHIBITORS	
INCIVEK®	OLYSIO®
VICTRELIS®	
HEPATITIS C AGENTS - ANTIVIRALS: HEPATITIS C RIBAVIRINS	
RIBAVIRIN	RIBASPHERE RIBAPAK® MODERIBA® NEW
HERPETIC ANTIVIRAL AGENTS	
ACYCLOVIR	VALACYCLOVIR
FAMVIR®	
HERPETIC ANTIVIRAL AGENTS: TOPICAL	
ABREVA®	ZOVIRAX®, OINTMENT
DENAVIR®	
IMMUNOMODULATORS: INJECTABLE	
Prior authorization is required for all drugs in this class.	
ENBREL®	HUMIRA®
	ACTEMRA® NEW CIMZIA® NEW KINERET® REMICADE®
	SIMPONI® ORENCIA® STELARA®
IMMUNOMODULATORS: TOPICAL	
Prior authorization is required for all drugs in this class.	
ELIDEL®	PROTOPIC®
IMPETIGO AGENTS: TOPICAL	
MUPIROCIN OINT	ALTABAX® CENTANY®
LEUKOTRIENE MODIFIERS	
MONTELUKAST	ZAFIRLUKAST
	ACCOLATE®
	SINGULAIR®
MULTIPLE SCLEROSIS AGENTS: INJECTABLE DISEASE MODIFYING	
Trial of only one agent is required before moving to a non-preferred agent	
AVONEX®	EXTAVIA®
AVONEX® ADMIN PACK	REBIF®
BETASERON®	TYSABRI®
COPAXONE®	
MULTIPLE SCLEROSIS AGENTS: ORAL DISEASE MODIFYING	
Trial of only one agent is required before moving to a non-preferred agent	
AUBAGIO®	TECFIDERA®
GILENYA®	
MULTIPLE SCLEROSIS AGENTS: SPECIFIC SYMPTOMATIC TREATMENT	
AMPYRA® (PA required)	



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
NASAL CALCITONINS MIACALCIN®	
NEUROPATHIC PAIN AGENTS CYMBALTA® LYRICA® GABAPENTIN	GRALISE® HORIZANT® LIDODERM®
OPHTHALMIC ANTIBIOTICS: MACROLIDES ERYTHROMYCYIN OINTMENT	
OPHTHALMIC ANTIHISTAMINES ALAWAY® ZADITOR OTC® NEW BEPREVE® NEW PATADAY®	ELESTAT® OPTIVAR® EMADINE® PATANOL® LASTACRAFT®
OPHTHALMIC GLAUCOMA AGENTS ALPHAGAN P® DORZOLAM AZOPT® DORZOLAM / TIMOLOL BETAXOLOL LEVOBUNOLOL BETOPTIC S® METIPRANOLOL BRIMONIDINE SIMBRINZA® CARTEOLOL TIMOLOL DROPS/ GEL SOLN COMBIGAN®	ALPHAGAN® OCUPRESS® BETAGAN® OPTIPRANOLOL® BETOPTIC ® TIMOPTIC® COSOPT® TIMOPTIC XE® COSOPT PF® TRUSOPT®
OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS LATANOPROST TRAVATAN Z® TRAVATAN® ZIOPTAN®	LUMIGAN® XALATAN®
OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS ACULAR® DICLOFENAC ACULAR LS® FLURBIPROFEN ACULAR PF® NEVANAC®	ACUVAIL® ILEVRO® BROMDAY® PROLENSA® BROMFENAC
OPHTHALMIC QUINOLONES BESIVANCE® OFLOXACIN® CIPROFLOXACIN VIGAMOX® MOXEZA®	CIOXAN® ZYMAXID®
OPHTHALMIC STEROIDS ALREX® FLUOROMETHOLONE DEXAMETHASONE LOTELEX® DUREZOL® PREDNISOLONE	FLAREX® OMNIPRED® FML® PRED FORTE® FML FORTE® PRED MILD® MAXIDEX® VEXOL®
OTIC FLUOROQUINOLONES CIPRODEX® OFLOXIN	



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
PEDICULOCIDES / SCABICIDES	
NATROBA®	PERMETHRIN
NIX®	RID®
	SKLICE®
PLATELET AGGREGATION INHIBITORS	
AGGRENOX®	CILOSTAZOL®
ANAGRELIDE	CLOPIDOGREL
ASPIRIN	DIPYRIDAMOLE
BRILINTA®	TICLOPIDINE
PROGESTINS FOR CACHEXIA	
MEGESTROL ACETATE, SUSP	MEGACE ES®
PSORIASIS AGENTS: TOPICAL	
CALCIPOTRIENE	CALCITRENE® NEW DOVONEX® CREAM NEW SORILUX® NEW
PULMONARY ARTERIAL HYPERTENSION AGENTS: INHALED AGENTS	
VENTAVIS®	TYVASO®
PULMONARY ARTERIAL HYPERTENSION: ORAL AGENTS	
ADCIRCA®	SILDENAFIL
LETAIRIS®	TRACLEER®
RESPIRATORY: INHALED ANTICHOLINERGIC AGENTS	
ANORO ELLIPTA® NEW ATROVENT® HFA INHALER COMBIVENT RESPIMAT® NEW	IPRATROPIUM/ALBUTEROL NEBS IPRATROPIUM NEBS SPIRIVA®
RESPIRATORY: INHALED CORTICOSTEROID/BETA-ADRENERGIC COMBINATIONS	
ADVAIR DISKUS® ADVAIR HFA®	DULERA® SYMBICORT®
RESPIRATORY: INHALED CORTICOSTEROIDS/NEBS	
ASMANEX® BUDESONIDE NEBS*	PULMICORT FLEXHALER® PULMICORT RESPULES®*
FLOVENT DISKUS® FLOVENT HFA®	QVAR®
*No PA required if < 4 years old	
RESPIRATORY: INTRANASAL RHINITIS AGENTS	
ASTEPRO® DYMISTA®	PATANASE® AZELASTINE



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2015

PREFERRED AGENTS	NON-PREFERRED AGENTS
RESPIRATORY: INTRANASAL STEROID FLUTICASONE NASONEX®	BECONASE AQ® QNASL® FLONASE® RHINOCORT AQUA® FLUNISOLIDE TRIAMCINOLONE ACETONIDE NASACORT AQ® VERAMYST® OMNARIS® ZETONNA®
RESPIRATORY: LONG ACTING BETA ADRENERGICS ARCAPTA NEOHALER® SEREVENT DISKUS® FORADIL® BROVANA®	
RESPIRATORY: ORAL COPD AGENTS DALIRESP®	
RESPIRATORY: SHORT ACTING BETA ADRENERGICS-INHALERS/NEBS ALBUTEROL NEB/SOLN XOPENEX® HFA (PA req) PROVENTIL® HFA XOPENEX® Solution(PA req) PROAIR® HFA LEVALBUTEROL	MAXAIR AUTOHALER® VENTOLIN HFA®
RESTLESS LEG SYNDROME AGENTS PRAMIPEXOLE ROPINIROLE REQUIP® XL	HORIZANT® MIRAPEX® ER MIRAPEX® REQUIP
SKELETAL MUSCLE RELAXANTS BACLOFEN METHOCARBAMOL/ASPIRIN CHLORZOXAZONE ORPHENADRINE CITRATE CYCLOBENZAPRINE ORPHENADRINE COMPOUND DANTROLENE TIZANIDINE	
URINARY TRACT ANTISPASMODICS OXYBUTYNIN TABS/SYRUP/ER SANCTURA XR® TOVIAZ® VESICARE®	DETROL® GELNIQUE® DETROL LA® OXYTROL® DITROPAN XL® SANCTURA® ENABLEX® TOLTERODINE FLAVOXATE TROSPiUM